



Wireless Lifeline Plan

Lifeline Plan \$25.00/Month

- Standard phone usage with ability for customers to make and receive calls within the **Chariton Valley service area**.
- Unlimited airtime (inbound and outbound calling) in the **Chariton Valley service area**.
- Toll is restricted to within the **Chariton Valley service area**.
- Roaming is not allowed.
- \$9.25 Low Income Benefit applied to monthly invoice.
- Activation fee \$30.
- 911 Calling is available in all areas where technology compatible service is available.
- Taxes and fees apply.

Wireline Lifeline Plan

Lifeline Plan

Telephone Local Service \$14.00^{*}/Month
 Telecom Local Service \$18.75^{*}/Month

- \$15.75 Low Income Benefit applied to monthly invoice.
- Local Service Charges apply.
- 911 calling
- Toll Restricted
- Long Distance available for an additional fee.
- Service order and connection fees apply.

*This rate is prior to the Lifeline program credit. Rates shown are residential only.

Customer Service Centers

Brookfield
 201 N. Main

Macon
 1206 N. Missouri

Moberly
 1320 Hwy. 24 E.

Salisbury
 302 N. Weber

Bucklin
 606 Oak Street

Agent Location
Shelbina
 Tim's Home Center
 201 Fairgrounds Rd



660-395-9000 • 800-769-8731
 www.cvalley.net

10.6.14

Lifeline

Low Income Telephone Benefit Program





Chariton Valley
is your "Lifeline" to reliable phone
service at a discounted price!



What is Lifeline?

Lifeline assistance provides discounted monthly basic service. Lifeline is available on one telephone service per household, whether wireline or wireless.

Who is eligible for Lifeline assistance?

You are eligible if you participate in any of the following programs:

- MO Healthet (Medicaid)
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance or Section 8
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- National School "Free Lunch" Program
- 135% of Federal Poverty Level

If you don't qualify for Lifeline Wireline only customers may be eligible for a \$3.50 monthly benefit under the Disabled Program:

- Veteran Administration Disability Benefits Program
- State Blind Pension
- State Aid to Blind Persons
- State Supplemental Disability Assistance Payments Administered by the Family Support Division Federal
- Federal Supplemental Security Income

You may not combine Lifeline and Disabled benefits.

Are there any restrictions?

Lifeline benefits are limited to one discount per household, either wireless or wireline, but not both. You must provide proof of eligibility before the service can be activated.

How do I apply for Lifeline benefits?

Applications are available at any of our customer service locations, as well as at our website www.cvalley.net under the telephone section.

When does the discount end?

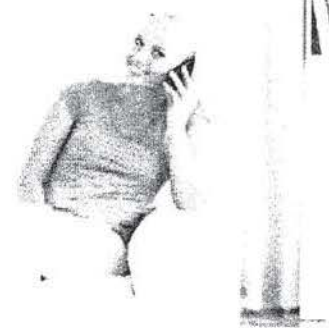
When you no longer receive benefits from any of the programs that made you eligible for the Lifeline Program.

What do I do when my current situation changes?

Notify your local customer service office or call 660-395-9000 immediately and inform them of the changes to determine if you are still eligible.

Do I need to apply each year?

Yes, annual recertification is required to continue benefits. You will be notified when and how to recertify.



*Being a Lifeline customer does not protect you from being disconnected if you fail to pay your telephone bill. Normal collection practices apply.



Chariton Valley Telephone Corporation

Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of \$15.75. The Disabled program offers a \$6.50 monthly discount. To apply complete this form and also submit proof of eligibility.

Eligibility Criteria	
Lifeline Program	Disabled Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>	<input type="checkbox"/> Veteran Administration Disability Benefits <input type="checkbox"/> State Blind Pension <input type="checkbox"/> State Aid to Blind Persons <input type="checkbox"/> State Supplemental Disability Assistance <input type="checkbox"/> Federal Social Security Disability

Applicant's Full Name:	Birth Date:	Social Security # (last 4 digits):	DCN:*
Name on Voice Service Account (If different from Applicant):		Customer Contact Telephone Number:	
Customer's Full Residential Service Address <i>(no P.O. Boxes):</i> Street: City, Town, Zip:		Is this address a temporary address? Yes / No <i>(circle the appropriate response)</i> <i>(If "yes" then must verify address every 90 days.)</i>	
		Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no" please provide billing address):</i>	

*This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

Revised 10/1/2014



I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

_____ I certify I have _____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

Signature of Customer

Date

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$15,755	\$21,236	\$26,717	\$32,198	\$37,679	\$43,160	\$48,641	\$54,122	+ \$5,481/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:

I hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official

Signature

Date

Milestone Certification of Officer as to Compliance with Progress Report on 5 Year Plan

(010) Study Area Code	421864
(015) Study Area Name	CHARITON VALLEY TEL
(020) Program Year	2016
(030) Contact Name	Tina Jordan
(035) Contact Telephone No	660-395-9682
(039) Contact Email Address	tjordan@charitonvalley.com

CERTIFICATION

Chariton Valley Telephone Corporation (Chariton Valley) is an ETC receiving support and has included a progress report on its 5 Year Plan in this filing. Chariton Valley has taken reasonable steps to provide, upon reasonable request, broadband service at actual speeds of 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas. Requests for such service were met within a reasonable amount of time as Chariton Valley is compliant with the Missouri PSC Service Quality Rules. I certify I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the progress report filing; and, to the best of my knowledge, the carrier is in compliance with progress report on its five-year service quality plan pursuant to 47 C.F. R. 54.313.

Signature of Authorized Officer**Printed Name of Authorized Officer****Title or position of Authorized Officer**
James Simon

General Manager

Date

6/5/2015

(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.)

REDACTED - FOR PUBLIC INSPECTION

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0572-0031. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

USDA-RUS

This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq. and, subject to federal laws and regulations regarding confidential information, will be treated as confidential.

BORROWER NAME

Chariton Valley Telephone Corporation

(Prepared with Audited Data)

**OPERATING REPORT FOR
TELECOMMUNICATIONS BORROWERS**

*INSTRUCTIONS-Submit report to RUS within 30 days after close of the period.
For detailed instructions, see RUS Bulletin 1744-2. Report in whole dollars only.*

PERIOD ENDING
December, 2014

BORROWER DESIGNATION
MO0535

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CHAPTER XVII, RUS, WAS IN FORCE DURING THE REPORTING PERIOD AND RENEWALS HAVE BEEN OBTAINED FOR ALL POLICIES.

DURING THE PERIOD COVERED BY THIS REPORT PURSUANT TO PART 1788 OF 7CFR CHAPTER XVII

(Check one of the following)

☐ All of the obligations under the RUS loan documents have been fulfilled in all material respects.

☐ There has been a default in the fulfillment of the obligations under the RUS loan documents. Said default(s) is/are specifically described in the Telecom Operating Report

DATE

USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS	BORROWER DESIGNATION MO0535	
INSTRUCTIONS- See RUS Bulletin 1744-2	PERIOD ENDING December, 2014	
PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR

USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS <i>INSTRUCTIONS - See RUS Bulletin 1744-2</i>		BORROWER DESIGNATION MO0535 PERIOD ENDED December, 2014
Part C. SUBSCRIBER (ACCESS LINE), ROUTE MILE, & HIGH SPEED DATA INFORMATION		
	1. RATES	2. SUBSCRIBERS (ACCESS LINES)
		3. ROUTE MILES

<p>USDA-RUS</p> <p>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</p> <p>INSTRUCTIONS - See RUS Bulletin 1744-2</p>	<p>BORROWER DESIGNATION MO0535</p> <p>PERIOD ENDED December, 2014</p>
<p>Part C. SUBSCRIBER (ACCESS LINE), ROUTE MILE, & HIGH SPEED DATA INFORMATION</p>	
<p>4. BROADBAND SERVICE</p>	

<p>USDA-RUS</p> <p>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</p>	<p>BORROWER DESIGNATION MO0535</p> <p>PERIOD ENDING December, 2014</p>
<p>INSTRUCTIONS- See RUS Bulletin 1744-2</p>	
<p>PART D. SYSTEM DATA</p>	

REDACTED - FOR PUBLIC INSPECTION

<p>USDA-RUS</p> <p>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</p>	<p>BORROWER DESIGNATION</p> <p>M00535</p>
	<p>PERIOD ENDING</p> <p>December, 2014</p>
<p>PART H. CURRENT DEPRECIATION RATES</p>	

REDACTED - FOR PUBLIC INSPECTION

<p>USDA-RUS</p> <p>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</p>	<p>BORROWER DESIGNATION MO0535</p>
<p>INSTRUCTIONS – See help in the online application.</p>	<p>PERIOD ENDED December, 2014</p>
<p>PART I – STATEMENT OF CASH FLOWS</p>	

REDACTED - FOR PUBLIC INSPECTION

USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS	BORROWER DESIGNATION MO0535
INSTRUCTIONS - See RUS Bulletin 1744-2	PERIOD ENDED December, 2014
NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS	

REDACTED - FOR PUBLIC INSPECTION

USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS	BORROWER DESIGNATION MO0535
INSTRUCTIONS - See RUS Bulletin 1744-2	PERIOD ENDED December, 2014
CERTIFICATION LOAN DEFAULT NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS	